

BRP AUTHORIZED SIGNERS

Company Name:

English \_\_\_\_\_ Korean: \_\_\_\_\_

Contact Person:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name and Title of Senior Company Official in charge of the BRP Program

\_\_\_\_\_ Seal \_\_\_\_\_

*The following \_\_\_\_ (no more than three) individuals are authorized to refer individuals for the Business Referral Program to the U.S. Embassy for non-immigrant visas.*

Name and title of the FIRST person authorized (please print or type)

\_\_\_\_\_ Seal \_\_\_\_\_

Signature of FIRST authorized person (same person signs three times)

\_\_\_\_\_

Name and title of the SECOND person authorized (please print or type)

\_\_\_\_\_ Seal \_\_\_\_\_

Signature of SECOND authorized person (same person signs three times)

\_\_\_\_\_

Name and title of the THIRD person authorized (please print or type)

\_\_\_\_\_ Seal \_\_\_\_\_

Signature of THIRD authorized person (same person signs three times)

\_\_\_\_\_